COUNCIL OF THE EUROPEAN UNION

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CORDROGUE 43

NOTE

from :	Presidency
to :	Horizontal Working Party on Drugs
Subject :	Conclusions by the Presidency on the Thematic debate of 31 May 2007 - Follow-up to the 2003 Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence (Action 14 of the EU Drugs Action Plan)

I. Background

On 31 May 2007, the HDG held a debate on the basis of a discussion paper prepared by the Presidency (doc. 10199/07 CORDROGUE 31) and following presentations given at the HDG meeting on 18 April 2007 by representatives of the Commission, Trimbos Institute and EMCDDA as well as German, Portuguese and UK delegations.

During the debate, oral statements were given by United Kingdom, Netherlands, France, Germany, Sweden, Czech Republic, Belgium, Austria, Finland, Italy, Portugal, Hungary, the Commission and Trimbos Institute.

II. Summary of Interventions

1. There was a general consensus among Member States (MS) that harm reduction is an integral part of overall European and national drugs strategies. Although the status given to harm reduction measures in national drugs policy may differ from MS to MS, all MS have such national harm reduction policies and strategies in place. Most MS had already introduced them before 2003.

2. MS endorsed the conclusions drawn by the Commission[1] on the implementation of the 2003 Council Recommendation[2].

3. There was a consensus that harm reduction measures have led to a reduction in drug-related deaths and certain drug-related health damages (in particular HIV infections).

4. Some areas with a need for improvement persist. They need to be identified and dealt with. They include:
   - prevention of hepatitis B and C infections
   - training of medical staff
   - adequate psycho-social care during substitution treatment
   - access to harm reduction services for drug users in prison
   - transition for drug users from prison to harm reduction measures outside prison
   - consideration of social factors, such as homelessness.

5. Some MS would like to see a more self-confident approach to harm reduction. Critics must be convinced by evidence. Sensitive issues (e.g. drug consumption rooms and heroin treatment) should be included in the Council Recommendation.

6. Other MS believe that European drugs policy in the field of harm reduction should focus on research and on assisting MS in improving their know-how as well as giving technical support for national drugs policy matters.

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1 COM (2007) 199 final.
2 OJ L 165,03.07.2003, p. 31

7. Few MS argued that the focus of drugs policy should be rather on prevention than on harm reduction. There was little knowledge so far on the consequences which might follow from putting a strong emphasis on harm reduction instead of preventive measures.

8. All MS agreed, that the access to harm reduction services for drug dependent persons in prison must be improved. Few MS have introduced harm reduction measures (such as syringe exchange) inside prisons.

9. MS voiced differing views on the future of the Council Recommendation. Some MS would prefer if the subject of harm reduction was dealt with only in the context of overall drugs policy. They were therefore in favour of a more general Council Recommendation encompassing all issues of the Action Plan. Other MS would prefer to maintain a separate Council Recommendation on harm reduction.

10. The Trimbos Institute suggested to include cannabis and synthetic drugs in the scope of the Council Recommendation.

III. Conclusions

1. Harm reduction is an integral part of European drugs strategy. It constitutes an essential component of the sub-objective of demand reduction. Effective demand reduction needs a comprehensive approach covering all areas – prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration. This should be expressed more clearly in the Council Recommendation.

2. Whether a future Council Recommendation should be of a more general nature and therefore include all matters of drugs policy or should deal exclusively with harm reduction issues needs to be discussed further.

3. Knowledge on and understanding of the impact of harm reduction measures must be improved. This is true for generally accepted measures as well as more sensitive measures.

4. European drugs policy must have an added value to measures already in place in the MS in order to avoid mere replication. Agreement on harm reduction measures at the European level may serve as an impulse to develop and improve national harm reduction policies like it has done in the past.

5. Attention should be given to areas of harm reduction where a need for improvement is identified, such as prevention of hepatitis B and C infections, training of medical staff, adequate psycho-social care during substitution treatment, access to harm reduction services for drug users in prison, transition for drug users from prison to harm reduction measures outside prison and the consideration of social factors (e.g. homelessness).

6. The 2003 Council Recommendation covers in principle all health-related harm associated with drug dependence irrespective of the substance used. Nevertheless, harm reduction measures with regard to cannabis and synthetic drugs need to be developed.

7. There is a strong need to improve harm reduction measures in prisons. The Commission should put forward a proposal for a recommendation on drugs in prison as foreseen in Action13.2 of the EU Drugs Action Plan 2005-2008.

8. MS should report again to the Commission on the implementation of the 2003 Council Recommendation after 2008.